



EMPLOYMENT HISTORY HEARING LOSS

Claim Number

Name

Start date of first employment

Please list any BREAK or INTERRUPTION in your work history. We must account for all months since your FIRST START DATE

From (Month/Year)	To (Month/Year)	Reason for work interruption

Employment History

BEGIN WITH YOUR CURRENT JOB AND LIST ALL PRIOR EMPLOYERS. INCLUDE MILITARY SERVICE.

Please start with your most RECENT job and work BACKWARDS. Specify month and year for employment date

Employer's Business Name		From (Month/Year)	To (Month/Year)
		/	/
Employer's Address	City	State	ZIP + 4
Job Title:	Employer's Phone No. ()	Indicate time exposed to noise in hours per week	
Describe job duties, type of machinery, tools, material, equipment used, and percentage of time at duties:			
Were you exposed to loud noise on this job? If yes, please describe the noise source:			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Would you describe the noise as continuous? <input type="checkbox"/> Yes <input type="checkbox"/> No or intermittent? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How many hours a day were you exposed to this job noise? _____ hours			
What kind of ear protection did you use? <input type="checkbox"/> none <input type="checkbox"/> ear muffs <input type="checkbox"/> plastic ear plugs <input type="checkbox"/> foam ear plugs			
<input type="checkbox"/> other - please specify			
Did you have an audiogram while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date(s) of audiogram(s)	

I certify that the information is true and correct to the best of my knowledge.

Date

Signature